Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ B. WING IL6001267 01/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2313 NORTH ROCKTON AVENUE AMBERWOOD CARE CENTRE ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 1919321/IL118526 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300,1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, Attachment A safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest Statement of Licensure Violations decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 01/22/20

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breathing, performed sternum rubs. Local

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6001267 01/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2313 NORTH ROCKTON AVENUE AMBERWOOD CARE CENTRE ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 emergency response arrived at that time and initiated cardiopulmonary resuscitation and life saving measures. R1's physician death summary dated 11/18/19 showed R1 expired on 11/17/19 due to complications from cardiopulmonary arrest. On 12/31/19 at 3:00 PM, V3 stated, "A change in condition is described as any change in vital signs, altered mental status or if a resident has any change from baseline. When a change in condition is identified. I check vital signs and then try to correct them if I am able to. We have standing orders to apply oxygen at 2 liters to keep oxygen levels above 90%. If we have to go above that, we administer the oxygen and call the physician. I would call the physician in the morning if I can get the resident stable even if I have to go above the 2 liters." On 12/31/19 at 3:35 PM, V9 CNA stated, "We noticed (R1) was having a hard time breathing and V3 started monitoring him, she eventually called 911 but it wasn't for awhile after I reported the change to her." On 12/31/19 at 10:50 AM, V6 (Licensed Practical Nurse-LPN) stated, "A resident that needs oxygen therapy titrated up to 4 liters is definitely a change in condition. Our policy is to assess the resident and then notify the patient's physician or on-call doctor. The entire process should only take about 5 minutes as this is an urgent situation." On 12/31/19 at 11:40 AM, V2 (Director of Nursing-DON) stated, "For a resident with a change in condition, the physician should be notified as soon as possible. Standing orders can be initiated for all newly admitted residents. We

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